

CONCEPT DEFINITION WORKSHEET

- URBAN PROJECT -

I. Project Description:

Municipality: _____ County: _____

Local Road or Street Name: _____ Connecting Highway: _____

Project Limits:

From (South or West limit): _____

To (North or East limit): _____

Length of Project: _____ Posted or Statutory Speed Limit: _____

Functional Classification: _____

Current Average Daily Traffic (ADT): _____

NOTE: Roadway must be functionally classified a collector or above and fall within urban boundaries to be eligible for funding.

II. Existing Facility:

Number of Lanes: _____ Lane Width: _____ Cross Section: ☐ Rural ☐ Urban

Pavement Type: _____ Total Pavement Width: _____

Pavement Condition: _____ Year Last Surfaced: _____

Shoulder Type: _____ Shoulder Width: _____

Sub-Standard Alignment? Horizontal: ☐ Yes ☐ No

Vertical: ☐ Yes ☐ No

Railroad: _____

III. Project Justification: (Why the project is needed and what the proposed improvements are if not indicated below.)

IV. Type of improvement: *(Select proposed improvement type and provide appropriate data.)*

Improvement Type: _____

☐ Rural Cross Section

Length: _____

☐ Urban Cross Section

Length: _____

Grading

☐ Minimal

☐ Moderate

☐ Extensive

New Pavement Type: _____ Width: _____ Length: _____

New Shoulder Type: _____ Width: _____ Length: _____

☐ Sidewalk Width: _____ Length: _____

☐ Curb & Gutter Length: _____

☐ Lighting ☐ Spot or ☐ System and ☐ Standard or ☐ Decorative

☐ Bicycle/Pedestrian Accommodations

☐ Pavement Marking & Signing

☐ Traffic Signals

☐ Storm Sewer:

☐ Lateral Storm Sewer Lines Length: _____ Diameter: _____

☐ Trunk Storm Sewer Lines Length: _____ Diameter: _____

☐ Other: _____

V. Estimated Costs and Scheduling: *(Select each phase of the project that you are requesting Federal Funds*

*for. Provide dollar values for all fields. Select the Fiscal Year (i.e. FY 2005 is July 1, 2004 – June 30, 2005) that you request it be scheduled. **State Review Cost MUST BE FILLED OUT** if design will be completed in this program cycle.) Priority for each phase shall be relative to your entire program submittal.*

☐ **Design:** ☐ Previously Approved ☐ FY 2005 ☐ FY 2006 ☐ FY 2007

☐ Local Staff ☐ Consultant - Cost (15 - 20% of Construction Cost) \$ _____

State Review Cost (\$5,000 to \$20,000) \$ _____

Priority _____ **TOTAL DESIGN COST** (Round to next \$1000) \$ _____

☐ **Construction:** ☐ FY 2005 ☐ FY 2006 ☐ FY 2007

Construction Cost (Include Federal Participating and Non-Participating Items) \$ _____

Const. Engineering & Contingencies (10 - 15% of Construction Cost above) \$ _____

Priority _____ **TOTAL CONSTRUCTION COST** (Round to next \$1000) \$ _____

☐ **Real Estate:** ☐ FY 2005 ☐ FY 2006 ☐ FY 2007

Priority _____ **TOTAL REAL ESTATE COST** (Round to next \$1000) \$ _____

VI. Other Issues:

Right-of-Way: *(It is recommended to be funded with local funds. Check all that are applicable.)*

☐ None ☐ Less than ½ Acre ☐ More than ½ Acre
☐ Parklands ☐ Large Parcels ☐ Strips ☐ Temp. Interests

Utility Work: *(It is recommended to be funded with local funds.)*

☐ None
☐ Yes, explain _____

Environmental Document: ☐ Programmatic ☐ ER ☐ EA ☐ EIS

Hazardous Materials Sites	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Wetland Mitigation Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Historical Sites	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Archeological Sites	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

Construction Restrictions *(trout, migratory bird, local events):* _____

Traffic During Construction: _____

Other Concept Notes: _____

VII. Attach an 8 ½ x 11 map showing the project location.

Contact Person: _____ **Date:** _____

Title: _____ **Telephone:** _____